

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/791,622-Conf. #3149</td> </tr> <tr> <td>Filing Date</td> <td>March 2, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Henry R. Halperin</td> </tr> <tr> <td>Title</td> <td>BRAIN THERAPY</td> </tr> <tr> <td>Art Unit</td> <td>3768</td> </tr> <tr> <td>Examiner Name</td> <td>M. T. Rozanski</td> </tr> <tr> <td>Attorney Docket No.</td> <td>21684/1211617-US3</td> </tr> </table>	Application Number	10/791,622-Conf. #3149	Filing Date	March 2, 2004	First Named Inventor	Henry R. Halperin	Title	BRAIN THERAPY	Art Unit	3768	Examiner Name	M. T. Rozanski	Attorney Docket No.	21684/1211617-US3
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I hereby revoke all previous powers of attorney given in the above-identified application.

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Country	Telephone	Email	

I am the:

☐ Applicant/Inventor.
OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature <i>[Signature]</i>	Date <i>June 13, 2009</i>
Name <i>B. Keith Baker</i>	Telephone <i>410-516-8300</i>
Title and Company <i>Sr. Director, The JHU</i>	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.